

women who choose to deliver at home relative to women who choose to deliver in hospital. This study has wider implications in demonstrating the application of a technique that can be used to ascertain the utility or value attached to attributes or characteristics associated with the process of health care.

**SD2****GENERICS ONLY OR GENERICS AND EFFICIENT DRUGS?**

**Bendahan G, Benaque A**

Direcció d'Atenció Primària Eixample, Institut Català de la Salut, Barcelona, Spain

**BACKGROUND:** During 98 several strategies have been implemented to increase the prescription of efficient (ED) and generic (GD) drugs. In Catalonia to improve the generics' use, economic incentives have been offered to some Primary Care Teams. Although the general practitioners (GP) in our study were not included in this incentive's project, they received the intervention presented in this study.

**OBJECTIVE:** To evaluate an intervention to implement ED and GD in a Primary Care District in Barcelona.

**METHODS** Type of study: Pre-post intervention with control group. Setting and period: Drug prescription follow up of the primary care district (296.000 inhabitants) and Catalonia (control group) during 97, 98 and January-March 99. Information source: Catalan Institut of Health's pharmaceutical computerised system. Intervention: Design of a sheet of paper with information about 1) prices of different drugs for a same active principle, including those drugs responsible for higher pharmaceutical cost and with ED 2) all generic drugs on the market and how to prescribe them. In January 98, it was distributed to all GP. Variables: Number and price of the drugs of 18 active principle and savings obtained.

**RESULTS:** The savings obtained prescribing ED of omeprazole, enalapril and nimodipino during the period 99-97 have increased a 182% in the district versus 103% in Catalonia. The % of GD is also greater in our district: Ranitidina 24% vs. 14%, Captopril 13,2% vs. 8,6%, Aciclovir 14,8% vs. 11,8%; Alprazolam 8,2% vs. 5% Fluoxetine 3,73% vs. 2,7%. During January-March 99, our district saved 69 millions (pesetas), 90% by prescribing ED and 10% by generics.

**CONCLUSION:** The GP collaboration and an instrument with updated information and easy to use have allowed to achieve a higher percentage of ED and GD prescription in our district. To rationalise drug's prescription, it is necessary to take into account the ED.

**SD3****USING ECONOMIC INFORMATION IN HOSPITAL FORMULARY DECISION-MAKING**

**Späth HM<sup>1,2</sup>, Ferdjaoui N<sup>1,2</sup>, Carrère MO<sup>1,2</sup>**

<sup>1</sup>GRESAC, Lyon, France; <sup>2</sup>Université Lyon, Lyon, France

**OBJECTIVES:** Over the last 15 years pharmacoeconomics research has grown rapidly, but little is known about the actual use of economic information by health-care decision-makers. We conducted a literature review of papers addressing the use of economic information in drug selection for hospital formularies to determine its role in decision-making, the barriers that prevent its use and the importance of these barriers.

**METHODS:** Five bibliographic databases were searched: (1) Medline (2) Embase (3) Pascal (4) NHS Economic Evaluation Database, and (5) International Pharmaceutical Abstracts, from 1991 to 1998. In addition a manual search of the journal *PharmacoEconomics* and of the reference sections of all retrieved papers was performed. To appraise and summarise the publications we used a 7-point checklist.

**RESULTS:** We assessed 34 papers. Case studies based on personal observations were reported in 27 (79%) papers, surveys in 5 (15%) and literature reviews in 2 (6%). Input that were reported to have a greater impact on decisions than economic information were: (1) the efficacy and safety of drugs (mentioned in 100% of the papers) (2) dosage and administration procedures (50%) (3) quality of life considerations (32%), and (4) clinical experience of practitioners (29%). The most important of the seven identified barriers to the use of economic information in decision-making were: (1) lack of credibility of economic evaluations (65%) (2) economic data did not apply to the setting of the decision-makers (62%) (3) decision-makers had no expertise in appraising economic information (59%) (4) decision-makers did not have economic information and it was not possible to collect it (47%), and (5) lack of collaboration between producers of economic information and decision-makers (41%).

**CONCLUSIONS:** The current use of economic information is limited compared with its potential use. More research is needed to determine decision-maker's needs for economic information and to identify incentives to take this into account.

**SD4****QUALITY OF LIFE ASSESSMENT AS A NEW OUTCOME MEASURE IN CLINICAL PRACTICE**

**Pratheepawanit N, Salek M, Finlay I, Luscombe D**

Medicines Research Unit, Welsh School of Pharmacy and University of Wales College of Medicine, Cardiff, UK

**OBJECTIVES:** To assess the practicality of routine measurement of patients' quality of life during an outpatient palliative care clinic.

**METHOD:** The study was a prospective evaluation of palliative care services provided at an outpatient clinic at Velindre NHS Trust, Cardiff. During a one-year period of the study, patients' self-report of quality of life was implemented into the routine care. Each patient was asked to complete the revised McGill Quality of Life Questionnaire (MQOL) in the waiting room pre-consultation. After each consultation, doctors recorded their comments on the pa-